

<b>WATERSHED/SUBSHED:</b>		<b>DATE:</b> ____/____/____		<b>ASSESSED BY:</b>																	
<b>SURVEY REACH ID:</b>		<b>MILITARY TIME:</b> ____:____		<b>PHOTO ID:</b> (Pic #)																	
<b>SITE ID</b> (Condition-#): OT-____		<b>LAT</b> _____ <b>LONG</b> _____			<b>GPS:</b>																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> <b>BANK:</b>  <input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> Head </td> <td style="width:15%; vertical-align: top;"> <b>TYPE:</b>  <input type="checkbox"/> Closed pipe   <input type="checkbox"/> Open channel </td> <td style="width:15%; vertical-align: top;"> <b>MATERIAL:</b>  <input type="checkbox"/> Concrete <input type="checkbox"/> Metal  <input type="checkbox"/> PVC/Plastic <input type="checkbox"/> Brick  <input type="checkbox"/> Other: </td> <td style="width:15%; vertical-align: top;"> <b>SHAPE:</b> <input type="checkbox"/> Single <input type="checkbox"/> Double  <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Triple  <input type="checkbox"/> Other: </td> <td style="width:15%; vertical-align: top;"> <b>DIMENSIONS:</b>  Diameter: _____ (in)   Depth: _____ (in)  Width (Top): _____ (in)  " (Bottom): _____ (in) </td> <td style="width:15%; vertical-align: top;"> <b>SUBMERGED:</b>  <input type="checkbox"/> No  <input type="checkbox"/> Partially  <input type="checkbox"/> Fully </td> </tr> </table>						<b>BANK:</b> <input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> Head	<b>TYPE:</b> <input type="checkbox"/> Closed pipe  <input type="checkbox"/> Open channel	<b>MATERIAL:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> PVC/Plastic <input type="checkbox"/> Brick <input type="checkbox"/> Other:	<b>SHAPE:</b> <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Circular <input type="checkbox"/> Elliptical <input type="checkbox"/> Triple <input type="checkbox"/> Other:	<b>DIMENSIONS:</b> Diameter: _____ (in)  Depth: _____ (in) Width (Top): _____ (in) " (Bottom): _____ (in)	<b>SUBMERGED:</b> <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> Fully										
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<b>CONDITION:</b> <input type="checkbox"/> None <input type="checkbox"/> Chip/Cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Corrosion <input type="checkbox"/> Other:		<b>ODOR:</b> <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Sewage <input type="checkbox"/> Rancid/Sour <input type="checkbox"/> Sulfide <input type="checkbox"/> Other:	<b>DEPOSITS/STAINS:</b> <input type="checkbox"/> None <input type="checkbox"/> Oily <input type="checkbox"/> Flow Line <input type="checkbox"/> Paint <input type="checkbox"/> Other:	<b>VEGGIE DENSITY:</b> <input type="checkbox"/> None <input type="checkbox"/> Normal <input type="checkbox"/> Inhibited <input type="checkbox"/> Excessive <input type="checkbox"/> Other:	<b>PIPE BENTHIC GROWTH:</b> <input type="checkbox"/> None <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Other:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align: center; vertical-align: middle;"><b>FOR FLOWING ONLY</b></td> <td style="width:10%;"><b>COLOR:</b></td> <td colspan="4"><input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:</td> </tr> <tr> <td><b>TURBIDITY:</b></td> <td colspan="4"><input type="checkbox"/> None <input type="checkbox"/> Slight Cloudiness <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque</td> </tr> <tr> <td><b>FLOATABLES:</b></td> <td colspan="4"><input type="checkbox"/> None <input type="checkbox"/> Sewage (toilet paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:</td> </tr> </table>						<b>FOR FLOWING ONLY</b>	<b>COLOR:</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Other:				<b>TURBIDITY:</b>	<input type="checkbox"/> None <input type="checkbox"/> Slight Cloudiness <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque				<b>FLOATABLES:</b>	<input type="checkbox"/> None <input type="checkbox"/> Sewage (toilet paper, etc.) <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Other:			
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<b>POTENTIAL RESTORATION CANDIDATE</b> <input type="checkbox"/> Discharge investigation <input type="checkbox"/> Stream daylighting <input type="checkbox"/> Local stream repair/outfall stabilization <input type="checkbox"/> no <input type="checkbox"/> Storm water retrofit <input type="checkbox"/> Other:																					
<p><i>If yes for daylighting:</i>  Length of vegetative cover from outfall: _____ ft    Type of existing vegetation: _____ Slope: _____ °</p> <p><i>If yes for stormwater:</i>  Is stormwater currently controlled? _____ Land Use description: _____  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not investigated    Area available: _____</p>																					
<b>OUTFALL SEVERITY:</b> (circle #)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Heavy discharge with a distinct color and/or a strong smell. The amount of discharge is significant compared to the amount of normal flow in receiving stream; discharge appears to be having a significant impact downstream.</td> <td style="width:20%;">Small discharge; flow mostly clear and odorless. If the discharge has a color and/or odor, the amount of discharge is very small compared to the stream's base flow and any impact appears to be minor / localized.</td> <td style="width:20%;">Outfall does not have dry weather discharge; staining; or appearance of causing any erosion problems.</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> </tr> </table>					Heavy discharge with a distinct color and/or a strong smell. The amount of discharge is significant compared to the amount of normal flow in receiving stream; discharge appears to be having a significant impact downstream.	Small discharge; flow mostly clear and odorless. If the discharge has a color and/or odor, the amount of discharge is very small compared to the stream's base flow and any impact appears to be minor / localized.	Outfall does not have dry weather discharge; staining; or appearance of causing any erosion problems.	5	4	3										
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<b>SKETCH/NOTES:</b>																					
<b>REPORTED TO AUTHORITIES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																					

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<b>SURVEY REACH:</b>			<b>MILITARY TIME:</b> ____: ____		<b>PHOTO ID:</b> (Pic #)				
<b>SITE ID:</b> (Condition-#) <b>IB-</b> _____		<i>START</i> <b>LAT</b> _____ <b>LONG</b> _____		<b>GPS:</b>					
		<i>END</i> <b>LAT</b> _____ <b>LONG</b> _____							
<b>IMPACTED BANK:</b> <input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> Both		<b>REASON INADEQUATE:</b> <input type="checkbox"/> Lack of vegetation <input type="checkbox"/> Too narrow <input type="checkbox"/> Widespread invasive plants <input type="checkbox"/> Recently planted <input type="checkbox"/> Other:							
<b>LAND USE:</b> Private      Institutional      Golf Course      Park      Other Public <i>(Facing downstream)</i> LT Bank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> : RT Bank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> :									
<b>DOMINANT LAND COVER:</b> Paved      Bare ground      Turf/lawn      Tall grass      Shrub/scrub      Trees      Other LT Bank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> : RT Bank <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> :									
<b>INVASIVE PLANTS:</b> <input type="checkbox"/> None <input type="checkbox"/> Rare <input type="checkbox"/> Partial coverage <input type="checkbox"/> Extensive coverage <input type="checkbox"/> unknown									
<b>STREAM SHADE PROVIDED?</b> <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full				<b>WETLANDS PRESENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown					
<b>POTENTIAL RESTORATION CANDIDATE</b> <input type="checkbox"/> Active reforestation <input type="checkbox"/> Greenway design <input type="checkbox"/> Natural regeneration <input type="checkbox"/> Invasives removal <input type="checkbox"/> no <input type="checkbox"/> Other:									
<b>RESTORABLE AREA</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>LT</span> <span>BANK</span> <span>RT</span> </div> Length (ft): _____ Width (ft): _____		<b>REFORESTATION POTENTIAL:</b> (Circle #)		Impacted area on public land where the riparian area does not appear to be used for any specific purpose; plenty of area available for planting		Impacted area on either public or private land that is presently used for a specific purpose; available area for planting adequate		Impacted area on private land where road; building encroachment or other feature significantly limits available area for planting	
				5		4		3	
<b>POTENTIAL CONFLICTS WITH REFORESTATION</b> <input type="checkbox"/> Widespread invasive plants <input type="checkbox"/> Potential contamination <input type="checkbox"/> Lack of sun <input type="checkbox"/> Poor/unsafe access to site <input type="checkbox"/> Existing impervious cover <input type="checkbox"/> Severe animal impacts (deer, beaver) <input type="checkbox"/> Other:									
<b>NOTES:</b>									

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## Stream Crossing

SC

<b>WATERSHED/SUBSHED:</b>				<b>DATE:</b> ____/____/____		<b>ASSESSED BY:</b>		
<b>SURVEY REACH ID:</b>			<b>MILITARY TIME:</b> ____:____		<b>PHOTO ID:</b> (Pic #)			
<b>SITE ID:</b> (Condition-#) SC-____		<b>LAT</b> _____		<b>LONG</b> _____		<b>GPS</b>		
<b>TYPE:</b> <input type="checkbox"/> Road Crossing <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Manmade Dam <input type="checkbox"/> Beaver Dam <input type="checkbox"/> Geological Formation <input type="checkbox"/> Other:								
<b>FOR ROAD/ RAILROAD CROSSINGS ONLY</b>	<b>SHAPE:</b> <input type="checkbox"/> Arch <input type="checkbox"/> Bottomless <input type="checkbox"/> Box <input type="checkbox"/> Elliptical <input type="checkbox"/> Circular <input type="checkbox"/> Other:		<b># BARRELS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Other:		<b>MATERIAL:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other:		<b>ALIGNMENT:</b> <input type="checkbox"/> Flow-aligned <input type="checkbox"/> Not flow-aligned <input type="checkbox"/> Do not know	
	<b>CONDITION:</b> (Evidence of...)		<input type="checkbox"/> Cracking/chipping/corrosion <input type="checkbox"/> Downstream scour hole <input type="checkbox"/> Sediment deposition <input type="checkbox"/> Failing embankment <input type="checkbox"/> Other (describe):		<b>CULVERT SLOPE:</b> <input type="checkbox"/> Flat <input type="checkbox"/> Slight (2° – 5°) <input type="checkbox"/> Obvious (>5°)		<b>DIMENSIONS:</b> (if variable, sketch) Barrel diameter: _____ (ft) Height: _____ (ft) Culvert length: _____ (ft) Width: _____ (ft) Roadway elevation: _____ (ft)	
	<b>POTENTIAL RESTORATION CANDIDATE</b> <input type="checkbox"/> Fish barrier removal <input type="checkbox"/> Culvert repair/replacement <input type="checkbox"/> Upstream storage retrofit <input type="checkbox"/> no <input type="checkbox"/> Local stream repair <input type="checkbox"/> Other:							
	<b>IS SC ACTING AS GRADE CONTROL</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown							
<i>If yes for fish barrier</i>	<b>EXTENT OF PHYSICAL BLOCKAGE:</b> <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown		<b>BLOCKAGE SEVERITY:</b> (circle #)					
	<b>CAUSE:</b> <input type="checkbox"/> Drop too high Water Drop: _____ (in) <input type="checkbox"/> Flow too shallow Water Depth: _____ (in) <input type="checkbox"/> Other:		<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           A structure such as a dam or road culvert on a 3rd order or greater stream blocking the upstream movement of anadromous fish; no fish passage device present.         </div> <div style="width: 30%;">           A total fish blockage on a tributary that would isolate a significant reach of stream, or partial blockage that may interfere with the migration of anadromous fish.         </div> <div style="width: 30%;">           A temporary barrier such as a beaver dam or a blockage at the very head of a stream with very little viable fish habitat above it; natural barriers such as waterfalls.         </div> </div>					
			5                      4                      3                      2                      1					
<b>NOTES/SKETCH:</b>								
<b>REPORTED TO AUTHORITIES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO								

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<b>SURVEY REACH ID:</b>		<b>MILITARY TIME:</b> ____:____		<b>PHOTO ID:</b> (Pic #) ____/#	
<b>SITE ID:</b> (Condition-#) <b>CM-</b> _____	<b>START LAT</b> _____ <b>LONG</b> _____		<b>GPS:</b>		
	<b>END LAT</b> _____ <b>LONG</b> _____				
<b>TYPE:</b> <input type="checkbox"/> Channelization <input type="checkbox"/> Bank armoring <input type="checkbox"/> concrete channel <input type="checkbox"/> Floodplain encroachment <input type="checkbox"/> Other:					
<b>MATERIAL:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Gabion <input type="checkbox"/> Rip Rap <input type="checkbox"/> Earthen <input type="checkbox"/> Metal <input type="checkbox"/> Other:		<b>DIMENSIONS:</b> Height _____ (ft) Bottom Width _____ (ft) Top Width: _____ (ft) Length: _____ (ft)			
		Does channel have perennial flow? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Is there evidence of sediment deposition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Is vegetation growing in channel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is channel connected to floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>BASE FLOW CHANNEL</b> Depth of flow _____ (in) Defined low flow channel? <input type="checkbox"/> Yes <input type="checkbox"/> No % of channel bottom _____ %			<b>ADJACENT STREAM CORRIDOR</b> Available width LT _____ (ft) RT _____ (ft) Utilities Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Fill in floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>POTENTIAL RESTORATION CANDIDATE</b> <input type="checkbox"/> Structural repair <input type="checkbox"/> Base flow channel creation <input type="checkbox"/> Natural channel design <input type="checkbox"/> Can't tell <input type="checkbox"/> no <input type="checkbox"/> De-channelization <input type="checkbox"/> Fish barrier removal <input type="checkbox"/> Bioengineering					
<b>CHANNEL- IZATION SEVERITY:</b> (Circle #)	A long section of concrete stream (>500') channel where water is very shallow (<1" deep) with no natural sediments present in the channel.				
	A moderate length (> 200') ,but channel stabilized and beginning to function as a natural stream channel. Vegetated bars may have formed in channel.				
An earthen channel less than 100 ft with good water depth, a natural sediment bottom, and size and shape similar to the unchannelized stream reaches above and below impacted area.					
<b>NOTES:</b>					

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<b>SITE ID:</b> (Condition-#) <b>UT-</b> _____		<b>LAT</b> _____ <b>LONG</b> _____			<b>GPS:</b>																
<b>TYPE:</b> <input type="checkbox"/> Leaking sewer <input type="checkbox"/> Exposed pipe <input type="checkbox"/> Exposed manhole <input type="checkbox"/> Other:		<b>MATERIAL:</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Corrugated metal <input type="checkbox"/> Smooth metal <input type="checkbox"/> PVC <input type="checkbox"/> Other:		<b>LOCATION:</b> <input type="checkbox"/> Floodplain <input type="checkbox"/> Stream bank <input type="checkbox"/> Above stream <input type="checkbox"/> Stream bottom <input type="checkbox"/> Other:																	
		<b>POTENTIAL FISH BARRIER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>PIPE DIMENSIONS:</b> Diameter: ____ in Length exposed: ____ ft																	
		<b>CONDITION:</b> <input type="checkbox"/> Joint failure <input type="checkbox"/> Protective covering broken <input type="checkbox"/> Other:		<input type="checkbox"/> Pipe corrosion/cracking <input type="checkbox"/> Manhole cover absent																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%;"><b>EVIDENCE OF DISCHARGE:</b></td> <td style="width: 15%;"><b>COLOR</b></td> <td colspan="4"><input type="checkbox"/> None <input type="checkbox"/> Clear <input type="checkbox"/> Dark Brown <input type="checkbox"/> Lt Brown <input type="checkbox"/> Yellowish <input type="checkbox"/> Greenish <input type="checkbox"/> Other:</td> </tr> <tr> <td><b>ODOR</b></td> <td colspan="4"><input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Oily <input type="checkbox"/> Sulfide <input type="checkbox"/> Chlorine <input type="checkbox"/> Other:</td> </tr> <tr> <td><b>DEPOSITS</b></td> <td colspan="4"><input type="checkbox"/> None <input type="checkbox"/> Tampons/Toilet Paper <input type="checkbox"/> Lime <input type="checkbox"/> Surface oils <input type="checkbox"/> Stains <input type="checkbox"/> Other:</td> </tr> </table>						<b>EVIDENCE OF DISCHARGE:</b>	<b>COLOR</b>	<input type="checkbox"/> None <input type="checkbox"/> Clear <input type="checkbox"/> Dark Brown <input type="checkbox"/> Lt Brown <input type="checkbox"/> Yellowish <input type="checkbox"/> Greenish <input type="checkbox"/> Other:				<b>ODOR</b>	<input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Oily <input type="checkbox"/> Sulfide <input type="checkbox"/> Chlorine <input type="checkbox"/> Other:				<b>DEPOSITS</b>	<input type="checkbox"/> None <input type="checkbox"/> Tampons/Toilet Paper <input type="checkbox"/> Lime <input type="checkbox"/> Surface oils <input type="checkbox"/> Stains <input type="checkbox"/> Other:			
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<b>POTENTIAL RESTORATION CANDIDATE</b> <input type="checkbox"/> Structural repairs <input type="checkbox"/> Pipe testing <input type="checkbox"/> Citizen hotlines <input type="checkbox"/> Dry weather sampling <input type="checkbox"/> no <input type="checkbox"/> Fish barrier removal <input type="checkbox"/> Other:																					
If yes to fish barrier, Water Drop: _____ (in)																					
<b>UTILITY IMPACT SEVERITY:</b> (Circle #)  Leaking= <input type="checkbox"/> 5		Section of pipe undermined by erosion and could collapse in the near future; a pipe running across the bed or suspended above the stream; a long section along the edge of the stream where nearly the entire side of the pipe is exposed; or a manhole stack that is located in the center of the stream channel and there is evidence of stack failure.		A moderately long section of pipe is partially exposed but there is no immediate threat that the pipe will be undermined and break in the immediate future. The primary concern is that the pipe may be punctured by large debris during a large storm event.																	
		5		4																	
		3		2																	
		1																			
<b>NOTES:</b>          <div style="text-align: right;"> <b>REPORTED TO LOCAL AUTHORITIES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         </div>																					

Data validated _____ by _____	Data verified _____ by _____
Data entered _____ by _____	Data QC _____ by _____

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Date validated by \_\_\_\_\_ Data verified by \_\_\_\_\_ Data entered by \_\_\_\_\_ Data QC by \_\_\_\_\_

Date validated	by	Data verified	by	Data entered	by	Data QC	by
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Date validated by Data verified by Data entered by Data QC by

# Photo Inventory

## (By Camera)

**Project:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Camera:** \_\_\_\_\_

This field sheet is to be completed AS photos are taken in the field. The intent is to force us to organize pictures taken on a camera basis. Fill out one sheet per camera (add sheets as needed). Only fill in Date/Reach/Location ID when you start in a new spatial or temporal location.

[illegible]

